

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

RECEIVED

JUN 17 2016 AS

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

Kenneth Jackson (20140721274)

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Case No: 16 C 4609  
(To be supplied by the Clerk of this Court)

Officer Alderman

Judge Manish S. Shah

Officer Thomas

Tom Dart

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

✓

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: Kenneth Jackson
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 20140721274
- D. Place of present confinement: Cook County Doc
- E. Address: P.O. Box 089002 or 2700 s. California Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Officer Alderman  
Title: Officer  
Place of Employment: CCDOC
- B. Defendant: Officer Thomas  
Title: Officer  
Place of Employment: CCDOC
- C. Defendant: Tom Dact  
Title: Sheriff  
Place of Employment: CCDOC

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: None
- B. Approximate date of filing lawsuit: None
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On November 27, 2015 officer Alderman and Officer Thomas transported several detainees including myself from Kankakee County back to Cook County DOC. They hand cuffed us right risk to right risk. When they hand cuffed us like this myself and others asked both Alderman and Thomas why were we been hand cuffed like this when they knew we had to carry our property bags that weighed at least 30 lbs or better. Alderman then said thank the inmate that tried to escape and instead of hand cuffing us properly proceeded to put us at risk of harm by forcing us to carry our bags in this almost impossible manner.

When we got back to Kankakee County DOC we were taking to the receiving garage. While getting off the bus once again they made us carry our bags, this time off the bus. I don't remember which one of the officers was where but I knew one of them were at the bottom of the stairs outside the bus and one of them were <sup>at</sup> ~~at~~ the top of the stairs inside the bus watching us get off. Both officers had a clear view of the stairs and could obviously see that the stairs were wet but they never warned us of the condition of the stairs despite the fact that we were carrying our bags in front of us and hand cuffed right risk to right risk with out clear visual of the stairs ourselves. While getting off the bus walking behind Anthony Ruden who was handcuffed to

me, Z couldn't see the stairs and due to the awkward way Z had to hold my leg Z slipped on the stairs and split the back of my head wide open. After falling it took me about 10 minutes to regain myself. I asked the officer's in question to uncuff me because Z had to hold my head to try to maintain the blood flow. Ignoring the fact that Z now only had one hand they still forced me to carry my property bag while handcuffed to Mr. Evers.

After that it still took us like 10 minutes to get to receiving. Once in receiving after about 5 minutes of complaining about still being cuffed to Mr. Buden while in pain and bleeding all over myself the officer in question finally uncuffed me.

Once uncuffed it took the officer's at least 20 minutes to get me medical care forcing me to continuously experience pain and bleed all over myself. After Z got the car back Z was giving 3 staples to back of my head without an cat scan or X-Ray which Z asked for.

Since then I have been experiencing <sup>continual trauma</sup> multiple ~~headaches~~ which include severe head aches almost every day, dizziness and blurry vision at times. Z was told by one of the doctors that Z most likely suffered a concussion to the head. I constantly have to put in medical slips for pain killers at least once every two weeks.

I'm also told Tam Dact responsible because he is aware about us being transported back and forth from different counties and he has not implemented a safer procedure. He is ~~aware~~ <sup>also aware</sup> of the fact that we have to carry our property bag up and down stairs while handcuffed to other inmates and he has ignored the risk of harm that we face by not implementing a more safer route.

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

My relief is that nominal damages, compensatory damages, punitive damages. I  
want each defendant to pay \$30,000 each for nominal damages, compensatory  
damages and punitive damages. The amount I want to be rewarded is \$270,000  
all tax free also for pain, suffering and physical damage.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 8<sup>th</sup> day of June, 20 16

Kenneth Jackson  
(Signature of plaintiff or plaintiffs)

Kenneth Jackson  
(Print name)

20140721274  
(I.D. Number)

P.O. Box 085002 Chicago IL 60608

(Address)



**SHERIFF'S OFFICE OF COOK COUNTY  
OFFICE OF PROFESSIONAL REVIEW  
COMPLAINT REGISTER**

<b>Complainant Information</b>	NAME (Last, First, M.I.): <b>Jackson Kenneth K</b>		AGE: <b>32</b>	DATE OF BIRTH: <b>4-2-83</b>	HOME #: <b>N/A</b>
	HOME ADDRESS: <b>P.O. Box 089002</b>		CITY: <b>Chicago</b>		WORK/OTHER #: <b>N/A</b>
	STATE: <b>IL</b>	ZIP CODE: <b>60608</b>	STATE I.D./D.L. #: <b>20140721274</b>		STATE OF ISSUANCE:
	<p align="center"><b>I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 725/3.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.</b></p>				
<b>Complainant Information</b>	DATE OF INCIDENT: <b>11-27-15</b>			TIME OF INCIDENT: <b>Between 1pm - 3pm</b>	
	LOCATION OF INCIDENT: <b>Cook County DOC Div 8 Garage</b>				
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT:				
	<b>Transportation Officer Alderman and Transportation Officer Thomas</b>				
<b>Witnesses</b>	ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	IF YES, PROVIDE CONTACT INFORMATION.				
	NAME	ADDRESS/CITY/STATE/ZIP			HOME PHONE #
	<b>D. Chambers</b>	<b>P.O. Box 089002 Chicago IL 60608</b>			<b>N/A</b>
	<b>A. Ruden</b>	<b>P.O. Box 089002 Chicago IL 60608</b>			<b>N/A</b>
<b>Narrative</b>	<b>D. Murray</b> <b>A. Fernandez</b>				
	<p align="center"><b>PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.</b></p> <p>my complaint is that Sheriff's Alderman and Thomas put me in <sup>uncomfortable</sup> situation where I ended up getting injured on the County bus coming off shipment. When they came and got us off shipment they handcuffed us right risk to right risk while expecting us to carry our property bags which are an excessive size. We had to carry our bags on and off the bus and where ever else we went. I asked them why were we cuffed like that when usually we are cuffed up individually. They responded by saying "thank the person that tried to escape". When we were getting off the bus they never warned us that the stairs were wet and they also refused to help us with our bags, while</p> <p align="right"><input checked="" type="checkbox"/> CONTINUED ON REVERSE</p>				

FOR OFFICE USE ONLY

DATE COMPLAINT RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

IAD/IG #: \_\_\_\_\_



## Complaint Narrative (Continued)

Setting off the bus handcuffed to Anthony Ruden and trying to carry heavy property bags I slipped and fell and bust the back of my head. Then after that I was forced to still carry my bags and was left handcuffed right risk to right risk while trying to control the blood leaking from my head. Once we got to receiving I was finally uncuffed and then it still took them 20 to 30 minutes to get medical attention. As a result of my injury I got 3 staples in the back of my head. I keep having reoccurring headaches and pain, I also have blurry vision at times and pain in my eyes. There is also camera footage.

PLEASE BE AWARE THAT IF YOU ALLEGE INJURIES AS A RESULT OF THIS INCIDENT, DUE TO FEDERAL PRIVACY LAWS ON THE RELEASE OF MEDICAL RECORDS, YOU MUST PROVIDE COPIES OF YOUR RELEVANT MEDICAL RECORDS REGARDING ANY EXAMINATION OR TREATMENT TO THE SHERIFF'S OFFICE INVESTIGATING UNIT TO BE MADE PART OF THE INVESTIGATION.

I have read this statement that I have voluntarily made, consisting of 2 pages, and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge.

Kenneth Jackson  
(Print Name)

Complainant's Signature: Kenneth Jackson

Date: 12-10-15

State of Illinois )  
County of Cook )

Signed and sworn to before me on 2-15-16 by \_\_\_\_\_  
(date)

(name of person making statement)

(notary seal)



Rod A. Reed

(signature of notary public)

A person commits PERJURY when, under oath or affirmation, in a proceeding or in any matter where by law such oath or affirmation is required, he makes a false statement, material to the issue or point in question, which he does not believe to be true. **PERJURY IS A CLASS 3 FELONY.**

Please mail your completed, signed and notarized, complaint form to:

Cook County Sheriff's Office of Professional Review  
3026 S. California  
Chicago, IL. 60608





COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

! This section is to be completed by Program Services staff - ONLY ! (! Para ser llenado solo por el personal de Program Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

Program Services Supervisor Approving Non-Grievance (Request) Signature:

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer Nombre):	ID Number (# de identificación):
INMATE	INMATE	1014 073 1071
DIVISION (División):	LIVING UNIT (Unidad):	DATE (Fecha):
1	24-27	11/27/15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- \* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- \* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

- \* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- \* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Específico Del Incidente)

When I got back to the County today coming off shipment. While exiting the bus I was handcuffed to another inmate right hand to right hand while we were both holding our property bags at the same time when I slipped on the bus steps because they were wet from the rain. I lost the <sup>back</sup> of my head because this took of been handcuffed to another detainee carrying big bags and exiting a bus on some wet steps at the same time. Then I still had to carry my bag in the building to receiving while still handcuffed with my head bleeding blood. Then while in receiving it still took 20 to 30 minutes for the officers to walk me over to cermak to get my head stopped up. This happened 11-27-15 between 1pm - 3pm at the receiving garage in Div 8. This is a grievance. I want to appeal.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

More care and concern when coming from shipment as for how we are brought back with our property or just don't send me at all. Had single bag cuffs so that we can control our own steps and position.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información):

Sheriff Alderman

INMATE SIGNATURE (Firma del Preso):

Sheriff Thomas and the other detainees who was on the bus.

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

R. Williams

SIGNATURE:

R. Williams

DATE CRW/PLATOON COUNSELOR RECEIVED:

12/1/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

1/1/16





COOK COUNTY SHERIFF'S OFFICE Inmate # 0593457  
(Oficina del Aguacil del Condado de Cook)

☐ GRIEVANCE ☒ NON-GRIEVANCE (REQUEST)

# INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

N/A

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Jackson

INMATE FIRST NAME (Primer Nombre):

Kenneth

ID Number (# de Identificación):

20140721274

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

330-Security Procedures

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

EXOPS - Supt

DATE REFERRED:

12/1/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

All inmates that are transported by the Transportation Unit are handled as directed by Policy and Procedures STAFF will be informed to use caution for unusual circumstances.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

LT G. MARTIN 637

SIGNATURE:

LT G. MARTIN 637

DIV./DEPT.

TRANS

DATE:

4/1/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

X Kenneth Jackson

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

X 12/1/15

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I wanted to  
Appeal this Grievance

Kenneth Jackson

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(¿Apelación del detenido aceptada por el administrador o su designado(a)?)

Yes (Si)

☐

No

☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE  
(Fecha en que el preso recibió respuesta a su apelación):



COOK COUNTY SHERIFF'S OFFICE  
(Oficina del Alguacil del Condado de Cook)

GRIEVANCE / NON-GRIEVANCE (Request)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

**! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !** (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido):

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

11-27-15

between 1pm - 3pm

Division 8 garage on the bus

When I got back to the County today coming off shipment, while exiting the bus I was handcuffed to another inmate right hand to right hand, while we were both holding our property bags at the same time when I stepped on the bus I hurt because they were wet from the rain. I had the back of my head because this took at being handcuffed to another inmate carrying big bags and exiting a bus on some wet stairs at the same time. Then I still had to carry my bag up the bus while carrying while still handcuffed with my head feeling blood. Then while in carrying it still took 20-30 minutes for the officers to walk around to correct about my head slacked up.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

More care and concern when coming from shipment as far as how we are brought back, with our property single man cuffs, don't secure us at all. I also need to be made whole again.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Transportation officers

Sheriff, Alvarado and Thomas

Kenneth Jackson 12-11-15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

R Williams

R Williams

12/12/15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE  
(Oficina del Aguacil del Condado de Cook)

Inmate #: 0393457

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

20157207

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Jackson

INMATE FIRST NAME (Primer Nombre):

Kenneth

ID Number (# de Identificación):

20140721274

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

330 - Security Procedures

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

Please see attached the 1st submission and response to this matter. Detainee states that he wants to appeal the response. So, it is being re-submitted.

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

12/12/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

EXORS - Supt

AS per the inmates are currently in the process of being transferred to the new facility. The inmates are currently in the process of being transferred to the new facility. The inmates are currently in the process of being transferred to the new facility.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

X Kenneth Jackson

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):

X 1/1/15

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): 12/12/15

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I'm still suffering from my injury. I still haven't been made whole. I'm still hurt. And I want to be compensated for it. (Thank you) Something also need to be done about the shipment process.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☒

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a)):

Submit health request form for any ongoing medical concerns. Vehicle Grievance process is not a vehicle for seeking compensatory divisions

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

12/29/15

INMATE SIGNATURE (Firma del Preso):

X Kenneth Jackson

DATE INMATE RECEIVED APPEAL RESPONSE  
(Fecha en que el preso recibió respuesta a su apelación):

X 1/1/16





# INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

GRIEVANCE

NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

11-27-15 Between 1pm - 3pm On the bus in division 8 garage  
Ever since I fell off the wet stairs on the bus I have been having continuous pain in my head and I have suffered blurry vision and pain in my eyes from the light. I also get dizzy on and off. I have put in several requests for x-rays/ctscans and medical attention to no avail. I have also mentioned in my request that the prescribed Ibuprofens are not helping. Still no response.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I'm requesting to see a doctor and get some medical attention.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Kenneth Jackson 12-9-15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

B. Williams  
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

Inmate #: 0393457

☐ GRIEVANCE ☒ NON-GRIEVANCE (REQUEST)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

N/A

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Jackson

INMATE FIRST NAME (Primer Nombre):

Kenneth

ID Number (# de Identificación):

20140721274

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200-Medical Treatment

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

Cermak

DATE REFERRED:

12/9/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

You are scheduled to see provider in primary care clinic in December

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Susan Shubert

SIGNATURE:

Susan Shubert

DIV./DEPT.:

DATE:

12/16/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

X Kenneth Jackson

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

12/11/15

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(¿Apelación del detenido aceptada por el administrador o su designado(a)?)

Yes (Si)

☐

No

☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE  
(Fecha en que el preso recibió respuesta a su apelación):



## Witness Statement

On Nov-27-2015 I was coming off shipment and I witness Kenneth Jackson Slip and Fall while getting off the bus. I was actually handcuffed to him right risk to right risk while both of us had to carry our property bags in front of us. The officers never warned us that the stairs were wet. Even after Jackson fell and split his head they left us handcuffed together and made us carry our property bags in the building. After we got to receiving it took them at least 20 minutes to get Mr. Jackson medical attention. I witness negligence on behalf of the officers this day. We even asked them before we left Kanikakee why were we been handcuffed like this and they statement thank the person that tried to escape. I have read this that I have voluntarily made and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge. Anthony R. Udor 11-27-2015



## Witness Statement

On Nov 27, 2015 I was coming off shipment and I witness Kenneth Jackson slip and fall while exiting off the bus and split the back of his head. He was handcuffed to another inmate, Anthony Ruden, right risk to right risk while carrying a big property bag. The officer's never warned us that the stairs were wet and when he fell they left him cuffed and still made him carry his property inside the building. It also took them at least 20 minutes to get him medical attention. Before we left Kankakee County Jail we asked the officers why did they have to cuff in such a uncomfortable way instead of single cuffs? They responded "Thank the person that escaped!" I witness from the situation negligence, and lack of care / concern for detainees on the officers part.

I have read this statement that I have voluntarily made and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge.

X Darrell Chambers  
11.27.15



COOK COUNTY SHERIFF'S OFFICE  
(Oficina del Alguacil del Condado de Cook)☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

**! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !** (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An Inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podrá re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

5-16-15 Between 8-7am 34 3067

My complaint is that I wanted to respectfully get taken off the shipment list due to issues concerning my family. Although it may not matter to the court when I was given this list it matters to me when I am separated from my family. I will not leave my family for a couple months at best until my issues are resolved. I was told that I will be taken off the list but to the court this is my 2nd grievance and request. I am requesting some consideration from the court so I can be taken off the list for a while. I want to see my family and I want to be able to talk to the court about my "bands" or medical needs. I am not a doctor and I am not a lawyer. I am just a man who wants to see his family and I want to be able to talk to the court about my "bands" or medical needs. I am not a doctor and I am not a lawyer. I am just a man who wants to see his family and I want to be able to talk to the court about my "bands" or medical needs.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I am requesting some consideration from the court so I can be taken off the list for a while. I want to see my family and I want to be able to talk to the court about my "bands" or medical needs. I am not a doctor and I am not a lawyer. I am just a man who wants to see his family and I want to be able to talk to the court about my "bands" or medical needs.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MAS DE 2 DIAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)**INMATE GRIEVANCE RESPONSE / APPEAL FORM**

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

DIA

**INMATE INFORMATION (Información del Preso)**

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE // REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

**INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)**

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

**ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?**

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

No

☐☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su apelación):





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2014 6458

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Jackson

Tenneth

2014-6721274

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

330 Jackson Tenneth

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

DATE REFERRED:

CRW/Platoon Counselor

10/29/14

RESPONSE BY PERSONNEL HANDLING REFERRAL:

INMATE WAS TAKEN OFF SHIPMENT BY SUPT. PRICE AND SENT FOR A PSYCH EVALUATION.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

Carmel H. Price

[Signature]

9

10/29/14

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

[Signature]

[Signature]

[Signature]

[Signature]

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

[Signature]

10/29/14

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido:) \_\_\_\_/\_\_\_\_/\_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación:)

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si)

No

(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a):)

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

[Signature]

[Signature]

[Signature]

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación:)

[Signature]

[Signature]



Roderick and Solange MacArthur Justice Center

May 19, 2016

**LEGAL MAIL**

Kenneth Jackson  
#20140721274  
P.O. Box 089002  
DIV9-3H-3260-2  
Chicago, IL 60608

Dear Mr. Jackson,

Thank you for your letter requesting assistance from the Roderick and Solange MacArthur Justice Center.

The Roderick and Solange MacArthur Justice Center is a public interest law firm that is devoted to litigating cases that may impact the operation of the criminal justice system. Because we have a small staff and are currently operating at a full case load, we are not always able to provide assistance in individual cases and situations.

This is not to say that your case does not have merit, but because we have limited resources and select our cases with many factors in mind, it is not an issue that we can pursue at this time. However, there are other organizations that may be of service to you. If they cannot take on your case, they may be able to refer you to another organization that can. Please see enclosed letter for that contact information.

Thank you for writing. We wish you the best of luck and success.

Sincerely,

A handwritten signature in black ink that reads 'Anissa N. Torres'.

Anissa N. Torres  
Paralegal  
Roderick MacArthur Justice Center



## CHICAGO LEGAL CLINIC, INC.

South Chicago • Pilsen • Austin • Downtown

Carrie Kiger Huff, President  
Most Rev. Thomas John Paprocki, Of Counsel  
Edward Grossman, Executive Director  
Marta C. Bukata, Deputy Director \*  
Veda Dmitrovich

South Chicago Office

2938 E. 91<sup>st</sup> Street  
Chicago, IL 60617

Phone (773) 731-1762  
Fax (773) 731-4264  
TDD (773) 731-3477

\* Also admitted in Indiana

March 16, 2016


Mr. Kenneth Jackson  
No: 20140721274  
P.O. Box 089002  
Chicago, Illinois 60608

Re: Pro Bono Representation

Dear Mr. Jackson:

Thank you for contacting the Chicago Legal Clinic, Inc. for your legal needs. After reviewing your documentation, Chicago Legal Clinic, Inc. will not be able to represent you in this case. In declining to represent you in this matter, please understand that we are not stating any opinion about the merits of your case. Although, we cannot provide you services, I recommend you act promptly in consulting another lawyer. Time limitations may affect your rights to pursue a claim. Thank you for your interest in our clinic.

Sincerely,



Edward Grossman  
Attorney at Law

Enclosure